**INDY. HOUND NEW CLIENT FORM**

# GUEST PROFILE

Name: (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Type) \_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Type) \_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: *M / F* Spayed/Neutered: *No / Yes* Dog’s Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_

Emergency Contact (**can not** be yourself or a spouse. Use a neighbor/family friend/exc.)

(Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Relation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Veterinarian Name, Address & Phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# MEDICAL

Does your dog have any allergies? *No / Yes*

If yes, please list and describe the reaction(s)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog have any old or current injuries or health concerns? *No / Yes*

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your dog taking any medication? *No / Yes*

If yes, please name the medication and reason(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# BEHAVIOR

Does your dog engage in any unusual or repetitive behaviors? *No / Yes*

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your dog house-trained? *No / Yes*

List any special feeding accommodations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you take your dog to the dog park or dog daycare facility regularly? *No / Yes*

Have you ever boarded your dog before? *No / Yes*

Circle any situations where your dog may become unfriendly:

*Grabbing Collar / Hugging / Removing from Furniture / Touching while Sleeping / Touching Ears / Touching Paws / Touching Mouth / Touching Tail / Around Other Dogs / None* Has your dog ever bitten a person?

*No / Yes (bite didn’t puncture skin) / Yes (stitches were required)* Has your dog ever bitten another dog?

*No / Yes (veterinary car WAS NOT needed) / Yes (veterinary care WAS needed)*

**Initial that the above information is accurate: \_\_\_\_\_\_\_\_\_\_**

**HOUSE RULES**

# BILLING

Payment is due in full prior to Guest check-out. For your convenience, we accept VISA, MasterCard, Discover, and cash. Unfortunately, we cannot accept American Express of Personal Checks.

# SAFETY

To assure we provide a fun, safe, and nurturing environment for our Guests, all INDY HOUND guests must:

* Pass our preliminary doggie interview to evaluate temperament and social skills
* Get along well with other dogs and people (no food/toy/resource aggression)
* **Wear a flat collar (no prong/choke collars during playtime)** **and ID tag with current contact information**
* **Enter and exit the facility on a leash**

# VACCINATIONS

* Be over 10 weeks old
* Have proof of current vaccinations at least one week prior to staying with us
* Bordetella – (Kennel Cough Prevention) – 6-month booster vs. 1 year recommended
* Distemper – (DHPP/DAPP/DA2PP)
* Rabies
* Canine Influenza Vaccination (2 part dosage initially followed by annual booster)
* Be neutered/spayed if over the age of 6 months
* Be on an active flea and heartworm control program

# HEALTH

Please do not bring your dog if it is exhibiting any of the following behaviors:

* Coughing - Vomiting
* Excessive Sneezing - Diarrhea
* Runny nose or eyes - Unusually lethargic behavior

If we notice any of these symptoms, we will contact you immediately.

I understand and agree that INDY HOUND shall not be held liable for any injury or damage to any person, animal, or property, regarding the grooming, pet sitting or behavior of my dog(s). I specifically agree on behalf of myself, my heirs, and assigns to indemnify and hold forever harmless INDY HOUND, its employees, representatives, and agents, as to any loss, cost, claim, accident, injury, damage, or liability, sustained or incurred by myself or my animal which is caused by an act or omission, whether negligent or otherwise, of any employee, representative, or agent of INDY HOUND. In addition, I provide INDY HOUND authorization to treat my dog(s) for any emergency that occurs while in its care. I hereby authorize INDY HOUND to photograph and use any images of my dog(s) for marketing purposes.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_